

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

---

VOL. XV.]

WEDNESDAY, SEPTEMBER 21, 1836.

[NO. 7.

---

CASES IN MEDICINE AND SURGERY.

BY HUNTING SHERRILL, M.D. POUGHKEEPSIE, N. Y.

1. *Fracture of the Cranium.*—On the 25th of April, 1835, Mr. P. Butler, aged 46 years, in attempting to fire a gun, at ten o'clock, A. M. the breech pin gave way, flew out, and tore off the lock. The sharp part of the breech pin, with great force in the explosion, entered the forehead at the centre of the frontal bone, a little above the superior margin of the frontal sinus: the perforation was perpendicular with the head, forming a hole in the cranium an inch in length and half an inch in breadth. The penetrating iron had bounded out again; or, in his stupor, which first took place, and struggle, he had pulled it out: it lay near him. The patient rose up, and with a little aid, walked to the house, ten rods off—the blood freely pouring out of the wound, nose, and mouth. On examining the wound through the skull, it was found that the bone was carried away, and it appeared the breech pin had penetrated the head the whole length. The probe could be passed upward and backward two inches: at the bottom of the depression or hole, as well as at the sides, fragments of bone could be felt. I picked out nine or ten small pieces of bone at the time; the deeply depressed pieces could not be extracted. A common dressing of lint and adhesive straps was then applied. As the pulse was full and tense, sixteen ounces of blood was taken from the arm. The patient had very little stupor; mind considerably agitated: this was at four o'clock, P. M.

At 9 o'clock, P. M.—Tolerably calm; some pain; pulse full; feverish; took twelve ounces of blood; gave cathartic.

27th.—Considerable uneasiness and pain; cathartic not operated; gave senna and salts; mind rather dull and impaired.

10 o'clock, A. M.—Consultation held, at which it was determined to use the trephine, to remove the deeply depressed fragments from the brain or its membranes, before, by their irritation and pressure, inflammation and greater stupor might come on. Accordingly, at three o'clock, P. M. the operation of trepanning was commenced. I made a crucial incision directly through the wound in the skin; the corners were dissected up, to obtain room for the trephine, and to expose the fractured wound. The instrument was placed above the fracture on the forehead, but so near as to extend one third of the circle of the saw over the fractured hole. By gradual circular movements of the trephine, the bone was cut through, and the piece removed. On examining and clearing

out the wound, it was found that the inner plate of the skull, which included the superior portion of the inner part of the frontal sinus, had been cleaved off, was carried in, and lay in small fragments, pressing on the anterior part of the dura mater : these pieces of bone were wedged in so firmly that it required a good deal of careful working and prying with the probe, levator, and forceps, to loosen and remove them. This was finally effected ; five pieces of bone were taken out at this time, varying in size from half an inch to one inch in diameter.

After the fragments of bone were removed, the dura mater rose up from its depressed situation, and came in full contact with the internal surface of the cranium. The wound was then cleaned and dressed, by drawing the skin together over it, and stitching the corners, and applying adhesive straps.

9, P. M.—Tolerably quiet ; cathartic had operated freely ; pulse tense ; feverish ; venesection, 12 oz.

28th.—Passed a tolerably comfortable night ; very little fever.

29th.—Last evening was restless ; feverish ; troubled with flatulence ; no evacuation from bowels in about twenty-four hours ; gave cathartic and soda mixture ; bowels evacuated ; very little pain or fever.

30th.—Was taken with vomiting yesterday afternoon, followed by copious catharsis ; during the vomiting, had much pressure and pain of the head—these symptoms soon subsided by the aid of medicine ; has passed a comfortable night ; pulse full and tense ; venesection, 16 oz. ; take occasionally a small seidlitz powder.

*May 1st.*—Considerable uneasiness and pain in the wound and in the stomach ; removed the dressings ; very little swelling or soreness ; skin nearly united ; a slight suppuration in the edges.

10th.—Wound has been dressed daily ; gradually filled up ; very moderate purulent discharge ; skin retracted so as to form an opening nearly the size of the trephine ; dressed with lint and elixir pro., taking daily three or four soda powders, and occasionally a cathartic ; bowels have been very quiet and regular ; general health and strength improved ; sits up, and has walked into the adjoining room ; feels well.

20th.—Continues to improve ; wound moderately filling up ; nearly filled with granulations to the inner margin of the bone, and the aperture through the bone half filled up ; the skin drawing together.

*June 15th.*—Wound completely cicatrized, and the patient enjoying good health.

2. *Hiccough.* 1834, *May 3d.*—N. Conklin, a man of feeble constitution, who has long been habitually subject to sensations of fulness and pain in the anterior part of the encephalon, became affected, some days ago, with symptoms of gastric and biliary derangement, and suffered great prostration of strength. After his bowels had been moved by the exhibition of a purgative, he began to hiccup with great rapidity and vehemence. Various antispasmodics were administered in succession, each affording temporary relief, but soon losing all perceptible effect. At five o'clock an emetic was exhibited : the dose was several times repeated, and followed up with the stimulant emetic infusion, before full emesis was induced. The spasms were abated during the operation, and

for a short time afterward, though they soon recommenced. They were, at this time, what cannot be better described than as a stuttering hic-cough, consisting each of a broken or interrupted and a complete spasm.

Elixir vitæ was exhibited in small doses, and repeated. During the use of this medicine, the spasms were entirely prevented for a space of twenty-four hours, at the end of which time they returned in spite of it.

A blister applied to the scrobiculus cordis, afforded some relief.

The operation of a purge, indicated by the costive state of the patient's bowels, on the 8th, was followed by some alleviation of the spasms. Vomiting occurred about the same time. On their return the hiccoughs were milder.

Morph. gr. 1-2, nit. argent. gr. 1-4, on the 9th, also gave some relief; and after the second dose, the patient slept soundly. Till this time, his sleep had been short and much disturbed. The spasms, however, returning in three or four hours, the third dose was exhibited: relief ensued, and the patient again had a composed and refreshing slumber. The fourth dose had a like happy effect; but at length the spasms reappeared, and were no longer controllable by the morph. and silver.

A glairy, dark matter was soon afterwards thrown up from the stomach. The tongue was furred, in consequence, probably, of the silver. There was a burning sensation in the epigastric region; and the spasms (now more frequent, but less violent than they had heretofore been) were accompanied with a feeling of soreness.

Brandy, on the 10th, with sulph. morph. in half-grain doses every three hours, produced some alleviation.

11th.—Slept soundly last night; spasms mild, with intervals; pill of assafoetida, iron, and ipecac; brandy continued.

12th.—No spasms in the morning, but they recommenced in the afternoon; omit pill; croton oil; warm pediluvium, impregnated with mustard and ammonia; greatly relieved; slept; then some spasms, with retching; catharsis.

13th.—Improved; pill foet. pill ferri, pl. morphia, cider, blue pill, James's powd. were given through the day; fever.

14th.—Musk and blue pill; symptoms fluctuating.

16th.—*In statu quo*; nothing but morphia and blue pill; slept all night.

18th.—Morph. and blue pill omitted; cal. mag. produced catharsis, and apparently induced an aggravation of the chief symptom. Castor, in five grain doses, *pro re nata*.

19th.—Continuing the castor; has been free from spasms the last twenty-four hours; appetite good; feels well, and walks the room.

*Observation.*—I do not know that any one of the antispasmodics employed in this case had a specific effect over others. Each allayed the spasms for a time, and then lost its effect. The disease seemed to be finally overcome by the general constitutional effect of the treatment. The blue pill and sodorifics, and cathartics, seemed to produce that result by relieving the slow febrile symptoms, correcting the deranged state of the stomach and brain, and wearing off the excitable state of the system.

3. *Catalepsy.* 1834, January.—Ellen M. Vandewater, aged 34, was, six months ago, ill of a fever, and has been in delicate health ever since. She is of a nervous, irritable temperament, and rather imbecile by nature. About the first of the present month, she was first affected with symptoms of catalepsy, of which she has, since that time, had two paroxysms regularly in twenty-four hours. At 8 A. M. she is usually attacked with a violent pain at the vertex, and soon after she complains of extreme coldness over her whole body, but particularly in her extremities. To this symptom, in the course of a few minutes, there succeeds a total loss of sense and consciousness, and the patient falls into a condition resembling sound sleep. The pulse, which at first is scarcely perceptible, soon rises a little, continuing afterwards, throughout the paroxysm, feeble, small, and slightly accelerated. The previous coldness is now succeeded by a healthy temperature. While her body and limbs, when undisturbed by her attendants, remain perfectly motionless, they are singularly yielding and pliable, readily assuming any position you would give them; and they have that still more remarkable property, so characteristic of catalepsy, by virtue of which they retain, with astonishing precision, the exact attitude in which they are placed. The arms and legs were bent in various ways, and inclined at different angles; and as they were left, so they continued. Various similar trials were made, and with the like results. She is able to swallow a little drink, when offered her. The morning paroxysms are from three to five hours duration. Consciousness returns gradually, and is first indicated by a slight tremor in the arms and legs, followed, after a few minutes, by a full recovery of sense and motion. She has now violent cephalgia. Of the time spent in the cataleptic state, she has no notion whatever. She recollects accurately what last took place before her seizure; but in her conception, what she first perceives upon her restoration, is joined immediately in time to what she last saw, and she has no idea of an interval having occurred. About 5 P. M. another fit comes on, similar in all respects to the former, except that its duration is limited to about three hours. Though in general but two paroxysms have occurred in a day, yet on one or two occasions there have been three; the third occurring at two P. M. and lasting almost two hours.

The physician first called to this patient, directed, at first, venesection, cathartics, epispastics to the nape of the neck and arms, &c. and afterwards nitrate of silver in liberal doses. During the paroxysm, I directed an emetic of tart. ant., which excited plentiful emesis, and speedily restored the patient.

After a period of about three weeks, the disease lost its regular periodical character, and was superseded by faint convulsions, which gave the patient scarcely any respite for several days. Diminishing gradually, however, in frequency and violence, these at length gave way almost entirely.

4. *Operation for the removal of a Scirrhoue Breast.*—Mrs. Hyde, of Hyde Park, aged 62, has had a hardness and enlargement of the right breast, of more than two years' standing. The whole mass of gland had become of a firm scirrhoue hardness, and ulceration had commenced

at the outer side of the nipple. The chain of glands stretching towards the right axilla was affected in a slight degree. Within the last few months the patient had suffered a good deal from sharp darting pains in the breast.

I operated for the extirpation of this tumor, May 15th, 1834. An incision, commencing over the edge of the pectoralis major, near the arm-pit, was extended, somewhat in the form of a semicircle, round the base of the tumor, to its opposite side, near the sternum. Another incision was commenced in this, and, extending over, and a little above, the tumor, ended in the extremity of the former, thus detaching completely an elliptical piece of skin, having the nipple in its centre, three inches long by one and a half broad. The scirrhus, together with this appendage of skin, a portion of the flesh and cellular tissue in which it was embedded, and the lymphatics, so far as the incision had extended towards the axilla, were then dissected out by free incisions. As the axillary gland had no appearance of disease, it was not thought proper to remove it. Ligatures were put upon two arteries (the only considerable ones that presented), and not much haemorrhage ensued. Upon a careful inspection of the wound, which was previously well cleansed, no diseased portion seemed to be remaining. The edges of the skin came accurately together, the wound was dressed, and the patient, in good spirits, and but little exhausted, walked firmly to her bed. She complained only of a slight sensation of tightness across the chest, a symptom, however, which soon disappeared, and left her as well as could be wished.

The wound caused by the operation mostly united by the first intention, so that in two weeks it was fully cicatrized, she felt well, and began to do work about the house. She was cautioned against exercise; notwithstanding, on the 3d of June, she washed clothes and fatigued herself considerably. On the 4th she was seized with severe pain in the bowels, followed by a great ague and prostration, for which very little was done. It being 12 miles, she lay several hours before I saw her, when she was expiring and soon died. I concluded this event was not owing to the operation.—*U. S. Med. and Surg. Jour.*

---

#### ON THE USE OF PLASTERS.

THIS remedy is far too much neglected in modern surgery, which more frequently employs inunctions, which in many cases are of inferior efficacy. A plaster is a powerful remedy, and yet its healing powers are usually better known to old women and quacks than to physicians. This superiority to inunction partly depends on the plaster being a more permanent application; but there are other circumstances on the same side of the question to be taken into account, provided the plaster be properly applied. The fault, however, is often committed of judging of its powers as a remedy from the materials of which it is composed; and if these powers do not agree with the principles laid down by writers on the *Materia Medica*, the remedy is rejected as ineffectual, without con-

sidering that the form in which the remedy is applied produces the effect rather than the medicinal substance, and that, through the various additions which the physician thinks himself obliged to make to the ordinary plaster mass, it ceases in fact to act as a plaster.

The essential effect of a plaster is derived from its acting as a cover through which perspiration cannot pass ; and thus it causes a continual irritation of the skin, while it protects the diseased parts from all injurious external impressions. It is through these properties alone that it becomes an important remedy, and the better it is adapted to answer these views, the more efficacious it is usually found to be. If then a plaster is to act, it must be prepared of a strongly adhesive, and not easily penetrable or soluble mass ; it must be spread upon thick linen, or, what is better, upon thin leather ; and it must not be too small, but, on the contrary, be larger by the breadth of a finger than the diseased part which it is to protect ; nor is it to be changed without necessity, but must rather remain till it comes off spontaneously. It is not the medicinal substance of which the plaster is composed, but the equable temperature in which the morbid part is kept, the animal vapor which collects under the impenetrable covering, continually secreted, and again absorbed, and the permanent stimulus to the skin, exciting not merely the diseased, but also the neighboring healthy vessels, into constant action, which produce those beneficial consequences, and particularly those resolvent and dissolvent powers whose effects we so frequently have the opportunity of observing after the application of plasters. Hence it appears why it is exactly those pharmaceutical combinations (particularly the herb-plasters), to which, according to the laws of the *Materia Medica*, the greatest discutient virtue is ascribed, that have this virtue the least, and therefore the physician who, in pursuance of his theories, mixes conium, melilotum, &c. with the ordinary plaster mass, is disappointed in his expectations ; for these remedies, when externally applied, have nothing medicinal but their bad smell, and destroy the adhesiveness of the plaster, on which its other qualities depend. And hence, too, it appears why any domestic plaster, made of rosin and other adhesive substances, will often remove a swelling in a short time, on which ointments, and liniments, and plasters enriched with vegetable and mineral substances, have been exhausted in vain.

In obedience to this conviction, the fruit of experience, I have for more than twenty-five years used only the following plasters : the gummy diachylon, the common mercurial plaster, or the one compounded with camphor and opium, and the ammoniac plaster prepared with vinegar ; and I can state, that, with nothing but these applied as directed above, I have resolved and healed indurations in membranes, glandular, and bony structures, which had obstinately resisted all other remedies.—*Dr. Rust.*

#### **ABSCESS IN THE RIGHT HYPOCHONDRIAC REGION.**

**SEELWUNT** Sing, Sepoy, 2d Co. Ramghur Battalion, was admitted into the hospital of that corps about the end of April last. He complained

much of pain in the right hypochondrium shooting up towards the shoulder. The pain was described as recurring at uncertain intervals, never becoming very acute, never lasting for any considerable period of time. On examination considerable tension and swelling in the region alluded to, with tenderness on pressure, were found to exist. The *rectus muscle* of the right side, when compared with its fellow on the opposite, felt tense and prominent. Pulse quick and sharp, tongue foul, skin hot and dry.

He was bled on admission, to the extent of nearly 3 xxx. and 15 leeches applied to the seat of pain. R. Calomel. gr. x. Pulv. Jalap. gr. xv. statim, habeat cras mane solutionem ex. tart. antimon. gr. ii. sulph. Magnes. 3 ss. On the 26th of April, the day after he took the latter medicine, his bowels had been well opened, he had vomited once or twice and still felt very sick. Pulse soft and not frequent. Tongue cleaner. Tenderness and tension in right hypochondrium. Repet. hirud. R. Calomel gr. xii. Ext. colocynth co. gr. viii. Repet. cras mane Pulv. Jalap. co. 3 ii. It would be tedious to go through the whole plan of treatment adopted in this case, and therefore I shall merely observe, that leeches were frequently applied, he was cupped twice with some relief, and an attempt was made to bring the system under the influence of mercury. On the 10th of May his mouth became sore. Still there was little or no improvement, the tension and pain in the right side continued, at one time more observable and more severe than at another, but never wholly disappearing. The following is the short entry I find in my note book on the 15th May. "Seelwunt Sing. A large abscess appears either to have formed or to be forming in the right hypochondriac region. A moderately hard swelling extends downwards nearly to a level with the umbilicus, painful on pressure, without distinct fluctuation. Skin above the tumor pale and glistening. No rigors or nocturnal sweats. Pulse 80. Bowels kept open by medicine." Soon after this, Seelwunt Sing began to get hectic and low. He had several severe rigors, and notwithstanding the free use of tonics, it was evident that he could not hold out much longer.

The tumor had attained a very large size, bulging out the lower ribs; its lower border extending down to the umbilical region. I considered, under all the circumstances of the case, that it would be proper to give the poor man the only chance which seemed to remain to him, viz. by puncturing the tumor, as I dreaded every day from its excessive size that it would burst into the cavity of the abdomen. I accordingly made a small opening into it, at its most depending point. Fully two pounds of rather fetid pus flowed from the wound, and more would have followed had it been thought advisable to use any force in expelling it. On his rising to stool about an hour after the operation, a considerable quantity of fetid pus was again discharged by the opening.

On the 17th June the tumor appeared nearly as large as before the operation. By gently compressing its sides, upwards of a pound of white flaky purulent matter was evacuated. The patient did not feel in the least degree faint when the opening was dressed. To-day he directed my attention to a small swelling about the size of a pigeon's egg,

which appeared to have risen suddenly between the 2d and 3d ribs on the interior part of the right side of the chest, nearly in the direction of a straight line, drawn downwards from the centre of the clavicle. He said that such a swelling had frequently formed in the same situation, and that it had generally discharged its contents without giving him, either at the time or afterwards, much uneasiness or trouble; a poultice was applied. The tonics, viz. quinine with port wine, were directed to be continued. On the 18th this small tumor burst and discharged not less than 12 or 14 oz. of pus; what particularly arrested my attention was, that while the matter was oozing out, which it did in one continuous stream, there was an evident and gradual subsidence of the tumor in the side, which had again attained to nearly the same size it had yesterday. When the discharge ceased, it (viz. the large tumor) was observed to be materially diminished in bulk. By pressing on it gently with the hand, matter was discharged from both openings, that is to say, from the incision which I had made nearly parallel to the umbilicus, and from this new abscess in the chest, thus proving clearly the existence of a communication between the two.

On examining the right side of the chest, the sound on percussion was found to be generally remarkably clear and distinct. This mode of examination was tried at different times, both before and after discharges of matter. I used a piece of thick India rubber, about three inches long and two broad, laying it firmly on the part of the chest to be percussed, in the manner now practised in many of the hospitals at home. By this means I found it quite possible to trace a gradual accumulation of fluid in the cavity of the chest, previous to its being discharged by this fistulous opening—the clear sound passing at once into one perfectly dull.

The stethoscope, which was frequently applied during the latter stage of the disease, indicated the total absence of respiration, excepting at the root of the lung, where it was heard mixed with rales. The "tintement imétallique," or that peculiar impulse conveyed to gaseous fluid in the sac of the pleura, whether from a fistulous opening in the lungs or otherwise, was distinctly heard every time I examined the patient. There was no perceptible difference of size on measuring the two sides of the chest. The left lung appeared to be in all respects sound and healthy, as far at least as stethoscopic examination went. Cough, which had never formed a very prominent symptom in the case, now became urgent and severe. Much muco-purulent matter was expectorated daily, in addition to what was evacuated by the two abscesses. The sense of suffocation was at times so great, as to require the administration of powerful stimuli. In this state Seelwunt Sing lingered for some days, and died on the 31st June. It may be observed that his bowels never gave him the least trouble during the whole course of his illness. The motions were generally regular and natural, never appearing to be deficient in the proper quantity of bile. All my attempts to obtain a post-mortem examination of this very interesting and obscure case were unavailing. On instituting some inquiries into Seelwunt Sing's history, I learnt that 13 years ago, at which time he was a sepoy in the Madras army, he received a severe lance wound in the chest (on the site of the little tu-

mor), which was followed by haemoptysis, and other symptoms of serious injury of the lung. His recovery, it appeared, had been very tedious, and about two years after the receipt of the wound, he had been obliged, in consequence of broken health, to take his discharge from the corps to which he then belonged. Having subsequently improved in health and strength, he entered the Ramghur battalion. I was credibly informed that his wound had broken out afresh on two or three occasions since he joined the Regt., always however healing up kindly, after the discharge of a greater or less quantity of purulent matter. I omitted to mention in the proper place, that during the first stage of the disease, the patient seemed generally to prefer lying on his back. Latterly, especially when his breathing was affected, he always reclined on the affected side, and could not lie comfortably in any other posture.—*India Med. Jour.*

---

#### PHYSIOLOGICAL NATURE OF DEATH.

THE idea of the intense suffering immediately preceding dissolution is, and has been, so general, that the term "Agony" has been applied to it in many languages. In its origin, the word means nothing more than a violent contest or strife, but it has been extended so as to embrace the pangs of death and any violent pain. The agony of death, however, physiologically speaking, instead of being a state of mental and corporeal turmoil and anguish, is one of insensibility. The hurried and labored breathing, the peculiar sound on inspiration, and the turned-up eye-ball, instead of being evidences of suffering, are now admitted to be signs of the brain having lost all, or almost all, sensibility to impressions. Whilst the brain is possessed of consciousness, the eye is directed as the will commands, by the appropriate voluntary muscles of the organ; but as soon as consciousness is lost, and the will no longer acts, the eye-ball is drawn up involuntarily under the upper eye-lid. All the indications, then, of mortal strife are such in appearance only; even the convulsive agitations, occasionally perceived, are of the nature of the epileptic spasms, which we know to be produced in total insensibility, and to afford no real evidence of corporeal suffering. An easy death—euthanasia—is what all desire; and, fortunately, whatever have been the previous pangs, the closing scene in most ailments is generally of this character. In the beautiful mythology of the ancients, Death was the daughter of Night, and the sister of Sleep. She was the only divinity to whom no sacrifice was made, because it was felt that no human interference could arrest her arm; yet her approach was contemplated without any physical apprehension. The representation of Death, as a skeleton covered merely with skin, on the monument at Cannæ, was not the common allegorical picture of the period. It was generally depicted on tombs as a friendly genius, holding a wreath in his hand, with an inverted torch; as a sleeping child, winged, with an inverted torch resting on his wreath; or as Love, with a melancholy air, his legs crossed, leaning on an inverted torch—the inverted torch being a beautiful emblem of the gradual self-extinguishment of the vital flame.

The disgusting representations of Death from the contents of the charnel-house were not common until the austerity of the 14th century, and are beginning to be abandoned. In more recent times, Death seems to have been portrayed as a beautiful youth; and it is under this form that he is represented by Canova, on the monument which George IV. of England erected in St. Peter's at Rome, in honor of the Stuarts.—*American Journal.*

## EAR-RINGS A REMEDY FOR INFLAMMATION OF THE EYES.

[Communicated for the Boston Medical and Surgical Journal.]

**A CASE** occurred in my practice about 12 years since, which may be interesting to your Lowell correspondent—*Journal*, vol. XV. page 62.

A little girl of 9 or 10 months had been from birth afflicted with a purulent discharge from the conjunctive membrane of the left eye. There was a slight turgescence of the blood vessels, and the eye appeared rather sunken in the orbit. The formation of pus was so copious as to be continually running over the under lid—in all other respects the child was perfectly healthy. I had tried every remedy that my reading or observation suggested, among which were issues behind the ears, but without the least success, when the child's grandmother very quietly and mildly proposed the use of gold ear-rings. As I always entertained *as much respect* for unprofessional as professional empiricism, I determined upon employing the remedy, and accordingly inserted the rings immediately after puncturing the ears. No inflammation or apparent soreness followed the operation, and at the end of twenty-four hours there was not a vestige of the disease perceptible. Three or four weeks after this, I removed the rings; the next day the eye was full of pus. They were then replaced, and the purulent discharge ceased as before. After this they were worn constantly for seven or eight years, and without any return of the affliction.

I am aware that the *very scientific*, of our profession, sneer at these things; but with their leave, I would remind them, that perhaps *there may be* "more things in heaven and earth, than are dreamed of in their philosophy."

H.

*New York, Sept. 6th, 1836.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 21, 1836.

## OUTLINES OF PHYSIOLOGY.\*

THIS is the second book with the above title, which has appeared in New England, the present season, and the third within three years. As Out-

\* Outlines of Physiology, both comparative and human; in which are described the Mechanical, Animal, Vital and Sensorial Organs and Functions, &c. &c. By J. L. Comstock, M.D. author of Mineralogy, Natural Philosophy, Chemistry, Botany, Geology, &c. New York, Robinson, Pratt & Co. Pp. 314, 8vo.

LINES is so favorite a cognomen at the north, it is fair to conclude that succeeding publications will follow the track. Separately from this, it being really unfortunate to have so many good works bearing precisely the same title, Dr. Comstock has produced a capital volume for popular reading. It contains the sum and substance of all the *thirty outlines* of physiology extant, from Richerand to Dr. Oliver, and in a form to be understood by very young readers. Whenever the author has casually thrown in a sentence of his own, it is always acceptable, and well and appropriately said. If, instead of making up a volume out of the opinions and writings of others, the author had taken the responsibility of every page, and clothed the whole in his own language, he would be entitled to more credit; at least, it would have been called original; as it is, however, it must and will be regarded as a first-rate production for a particular sphere—the common schools, where elementary books on anatomy and physiology ought universally to be introduced. But although designed for schools, as the title page very modestly announces, Dr. Comstock's compilation would be serviceable in any medical library. It contains a condensed view of the current philosophy of the day, upon the subjects of physical organization, the vital functions, &c. which not to know, now argues one's self to be unknown.

The vulgar notion that physicians possess very singular and important secrets, and that they are a privileged class of men on this account, can best be overcome by carefully educating youth, in all our public institutions, in a knowledge of the laws of the animal economy. In this enlightened age, it is due them to be instructed in every department of nature, if moral elevation of character is one of the prime objects contemplated by educational efforts. No one, to our recollection, has done more towards this grand scheme, and executed the labor better, than Dr. Comstock. Instead of making essays, however excellent, out of the writings of his neighbors, he need not be afraid to venture abroad upon his own pinions; there is no wax about the wings of industry.

When we first commenced the examination of this specimen of the manner in which physiology may be made a captivating study for a family, the idea of noticing it at all in a medical Journal, was not even contemplated. Doubtless it will find its way, through the agency of common newspaper advertisements, to the place of ultimate destination. This, however, is a slow and discouraging process. The author certainly has our best wishes, and we not only warmly recommend his book to school committees and commissioners, but feel assured that medical students might derive lasting advantage from a careful study of Dr. Comstock's Outlines of Physiology.

---

#### MEDICAL SOCIETY OF TENNESSEE.

A PAMPHLET, containing the proceedings of this Society on its seventh anniversary, in May last, has but just been received. There is some spirit in Tennessee: Dr. Walter H. Drane, the appointed orator, for non-appearance, was fined \$25,00; excellent! Dr. W. P. Godwin, previously appointed, for not being present to read an essay on the Medical Topography of West Tennessee, was also fined \$25,00; better yet! A resolve passed, that absentees who fail to transmit the amount of their annual contributions, shall be fined \$5,00; worthy of example in Massachusetts. Dr. Felix Robertson was elected president, and Dr. James

Oberton, author of a valuable paper on spontaneous combustion, almost wholly reprinted in this Journal, last year, is the Corresponding Secretary. Dr. Ferdinand Stith, Vice President, was selected for the orator, at the next meeting, in May, 1837. The profession will get something beside mulct money of that gentleman. Our good friends at Nashville must not forget us, the very day a copy of his dissertation leaves the press.

By some method, the Medical Society of Tennessee contrive to bring more to pass in twelve months, than almost any similar association in the States. Enough has been devised for the members to do before the next meeting, to constitute a large volume of transactions. Dr. Martin is to produce an essay on the topography and diseases of Nashville and Davidson Counties. Dr. Kain must bring in a topographical history and the diseases of East Tennessee; and Dr. Lea, of the Western district. Under a resolution, the president directed fifteen other gentlemen to come prepared with a history, treatment, and termination of a case of disease occurring in their own practice. Lastly, for there is not a single drone in the hive, A. H. Buchanan, M.D. of Columbia, brought forward a discourse at the late meeting, of forty-three octavo pages, on the *Medical Topography and Diseases of Middle Tennessee*, which we shall endeavor to make the subject of a distinct notice within a few weeks. The records should be published on finer paper; by the time the publication reaches Boston, it is much the worse for wear.

---

*Case of Nail in the Bronchia.*—Dr. Brigham, of Hartford, Conn. relates, in the American Journal, a case in which a brass nail was swallowed by a girl five years of age. She was seized with coughing, which continued several days, and then subsided. One year afterwards she took cold, which was followed by increased cough, expectoration, haemoptysis, hectic fever, night sweats, and the other usual symptoms of phthisis pulmonalis. She died in 13 months after the accident. On examining the body, at the fourth or fifth division of the right bronchial tube, more than one inch from the bifurcation of the trachea, was found a common brass nail, half an inch long, with a head nearly the same in diameter. It was colored black, but not in the least corroded, and appeared to be firmly fixed. The substance or outer part of the right lung adhered extensively to the adjacent parts, and contained several large abscesses that discharged pus into the bronchi by fistulous passages.

---

*The Bandage in Gonorrhœa.*—This singular remedy for obstinate gonorrhœa is brought to the notice of the profession and recommended by Dr. S. W. Dalton, of New Orleans, in the Philadelphia Journal. He says he has tested its value in five or six years hospital practice in the U. S. Army. The bandage is carefully applied from the glans penis back to its dorsum, a light dossil of lint being first applied to the former. It should be about an inch and a half wide, and long enough to envelope the whole length of the penis two several times, with considerable tightness and perfect equability. It is then immersed from time to time, in a cold, saturated solution of the acetate of lead, so as to keep the bandage continually wet—thus assisting to restrain those priapismal erections which in such cases are so painful and harassing to the patient. An injection of the sulph. zinci and sacchar. saturn. of each two grs. dissolved

in four ounces of rose or rain water, three or four times a day, is also enjoined, with half diet, quietude and confinement. Dr. D. has found a cure uniformly follow this treatment in two or three days.

---

*Fracture of the Lower Jaw at the Symphysis.*—A case of this description is related by Mr. Syme in a late number of the Edinburgh Medical and Surgical Journal. The accident was produced by a blow with a fist. The fracture was seated exactly at the symphysis. A similar case occurred in the practice of a physician in Maine, a few years since, a report of which, we believe, has never been published.

---

*Antidote to the Poison of Arsenic.*—A case is related in the U. S. Medical and Surgical Journal, by Dr. Heron, of Orange Co. N. Y. in which, after an ounce of arsenic had been taken, relief was obtained by the following means. A pint of milk, in which the whites of several eggs were beaten, was injected into the stomach by the stomach pump, and the tubes reversed. The milk and eggs immediately coagulated, emesis soon followed, by which, and the operation of the pump, the stomach was soon disgorged of its contents. The arsenic was found involved in the coagula, the distress subsided, and no effects of the poison remained.

---

*Medical application of Galvanism.*—From some remarks in the Southern Medical Journal upon Dr. Page's newly invented apparatus for obtaining sparks and shocks from the Calorimoter, announced some months since in our Journal, we extract the following paragraph.

"We look with pleasure to the day when galvanism will become one of the most important and agreeable agents at the command of the practitioner *for the regulation of excitement*, especially local excesses and deficiencies. We have witnessed for many years its decided power of lessening action at one pole and increasing it at the other—thus proving its power of translation or revulsion. So decided is this power, that when properly adjusted to two blistered or denuded points, the blister at one pole will desiccate, whilst the other will inflame and secrete copiously; and in some cases, finally sphacelate. In view of this fact, the Medical Society of Augusta, at a recent session, offered a premium of fifty dollars for an apparatus for the convenient application of galvanism to the purpose of revulsion in the treatment of disease. We can form no distinct idea of the apparatus of Dr. Page, as he has given us no description. We trust, however, that the article itself, or a competent description of it, will soon be forthcoming, and, for the credit of the profession, *unincumbered by the price of a patent right*: or, should the *right of use* be restricted by a patent, that the privilege will not be offered at such a price as will amount to a prohibition of its use in the service of humanity. Such is the case with regard to several new inventions recently and at present offered to the public."

---

*Boylston Prize Essays.*—The successful one, by Dr. Holmes, and two others, which were too good to be rejected, will soon be published in a volume. We understand the expense is wholly defrayed by a fellow of the Medical Society, whose devotion to the profession is proverbial.

**A Practice.**—A physician residing within ten miles of Boston, in a pleasant, flourishing manufacturing village, is desirous of introducing a successor to his business, which is estimated to be worth from six hundred to a thousand dollars a year. It is expected that his successor will purchase a few articles necessary in country practice, for which a fair value only would be expected. Applicants may address Dr. M. M. R. at this office, to the care of the editor, post paid.

---

**Brunswick Medical School.**—Twenty-six gentlemen were admitted to the degree of doctor in medicine, in course, at the late commencement. The honorary degree was conferred on Jonathan Page, of Brunswick, and Elisha J. Ford, of Alna. The library of this institution, as well as the anatomical cabinet, is exceedingly valuable, and by the very wise provision of the Legislature of Maine, the one thousand dollars annually appropriated, will finally give it advantages of a superior order. Dr. Cobb, it is understood, does not accept the anatomical chair. Prof. Cleaveland is a host in himself—always interesting and always instructive. It is about time some kind of circular was abroad, that the public may know who are to fill the several departments of theory and practice, surgery, &c. the ensuing lecture term.

---

**Cholera.**—Although, in common with the profession, we are watching with intense anxiety the present existence of the cholera at Charleston, S. C. we refrain from any elaborate comments on the probable cause of its development, or the sanitary measures most important to be pursued. Perhaps there is not a disease in the whole catalogue of human woes, which has received such universal attention. Every man has had a remedy; but its appearance, notwithstanding, in all countries, has been marked by appalling ravages. It is quite genteel employment to sit in one's study and theorize, which constitutes much of all that has ever been done in relation to the Asiatic cholera. Physicians have not been able to control its progress and fatal death-sweep in cities, and are constrained to acknowledge the insufficiency of medicine to arrest its march, or certainly cure the malady.

---

**Lobelia.**—We know of but few things of practical importance about lobelia; but we do know amongst these few things that long since, physicians who have both knowledge, and feelings of humanity, have laid it aside on account of its uncertainty, and its dangerous power, to which they have resorted only under very peculiar circumstances. Our chief practical knowledge of its powers which have compelled regular practitioners to deprecate its use, has been derived from observations on numerous cases to which we have in these latter years been called, for the purpose of endeavoring to remedy its peculiar ruinous effects on the digestive and nutritive powers, and on the general constitution. These lead us to mourn over the manslaughtering use of it which has become so common, whenever we reflect, as we often do, on the scene of misery and ruin which we have seen entailed on the bereaved husband, the disconsolate widow, the orphan child, and the last hope of the parent.

Lobelia stands before the profession chiefly a beacon to tell where danger lies. Its name is looked on by those who *really know* its powers,

almost as the poisonous atmosphere of the Upas—to be avoided ; or, if approached at all, with the greatest circumspection.—*South. Med. Jour.*

*Diseases in St. Helena.*—The population of St. Helena in December 1834, was 4977, being 2113 whites, and 2864 colored people. The average number of deaths annually appear to be about 80. The total number of admissions into hospital of the troops in the island, during the last 4 years, were 1980, the strength of the garrison being about 800. The total number of sick of all classes admitted into the General Hospital, during the same period, including the troops, was 2669, of whom 2606 recovered, and 63 died.

The fatal cases were principally pulmonary, hepatic, and bowel affections. The prevailing mortality assimilates closely to that of Great Britain, especially in the frequency of pulmonary affections. The diet of the people consists chiefly of rice and fish and a good deal of salted meat, and they are much given to the use of spirits and tobacco. Scrofula is a disease well known in St. Helena. Dr. McRitchie states that blood-letting is highly necessary in the inflammatory and mixed fevers of the island, but that people of color do not bear up so well against the effects of that remedy as Europeans. Rheumatism, gout, and nephritic affections, erysipelas, urticaria, and varicella are frequent, but confluent small-pox is unknown. Measles were very mortal in 1807, since which it has disappeared from the island. Tetanus and Trismus are almost always fatal. Mental ailments are not uncommon. Elephantiasis and Lepra frequently attack the people of color, puerperal convulsions were very fatal in 1824, as well as croup, and that dangerous modification of sore throat described by Dr. J. Hamilton, Jr., in the 2d edition of his work on female complaints.—*India Med. Jour.*

**DIED**—At Columbus, Ohio, Dr. Thomas Hersey, aged 70.—At New York, Dr. John P. DeRose, aged 33.

Whole number of deaths in Boston for the week ending September 17, 47. Males, 24—females, 23.

Cholera infantum, 3—consumption, 3—inflammation of bowels, 2—dysentery, 8—teething, 5—old age, 2—infantile, 5—cancer in the bowels, 2—typhous fever, 1—dropsy on the brain, 3—apoplexy, 1—dropsy on the chest, 1—debility, 1—accidental, 1—hooping cough, 1—bowel complaint, 4—inflammation of lungs, 1—stillborn, 5.

JUST published, the PILGRIM'S PROGRESS IN PHRENOLOGY, Part III. One Dollar only, sent in a letter, post paid, will buy its value in Physiological Tracts.

2—Sept. 21.

ELISHA NORTH, M.D. of New London, Ct.

#### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry by DR. CHANNING.  
On Physiology, Pathology, Therapeutics, and Materia Medica " WARE.  
On the Principles and Practice of Surgery " OTIS.  
On Anatomy " LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Jan 20—lyep

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

**MEDICAL INSTITUTION OF YALE COLLEGE.**

THE course of Medical Instruction, in Yale College, begins on Thursday, Nov. 3d, 1836, and it continues seventeen weeks. There are at least five lectures daily through the term, and a part of the time six. The several branches are taught as follows, viz.

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.

Theory and Practice of Medicine, by ELI IVES, M.D.

Chemistry and Pharmacy, by BENJAMIN SILLIMAN, M.D. and LL.D.

Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.

Anatomy and Physiology, by JONATHAN KNIGHT, M.D.

Obstetrics, by TIMOTHY P. BEERS, M.D.

The several courses in all the departments are full and complete, and the means of illustration ample.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

All the necessary expenses of living in New Haven during the winter are from \$2 to \$4 a week, according to the accommodations required.

6t

Yale College, Sept. 1, 1836.

**REMOVAL.**

CHARLES WHITE respectfully informs the Physicians, his friends, and the public, that he has removed to No. 230 Washington St. four doors south of Summer St. and nearly opposite his old stand

C. W. returns his most grateful acknowledgments to the Physicians, and his friends, for their past favors, and hopes, by strict personal attention, as heretofore, to Physicians' prescriptions, and to the compounding and delivery of Family Medicines, to have a continuance.

6t

Boston, Aug. 24.

**BOYLSTON MEDICAL PRIZE QUESTIONS.**

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians, viz.:

John C. Warren, M.D.	Walter Channing, M.D.
Rufus Wyman, M.D.	Geo. Hayward, M.D.
Geo. C. Shattuck, M.D.	John Randall, M.D.
Jacob Bigelow, M.D.	Enoch Hale, Jr. M.D.

At the annual meeting of the Committee, held on Wednesday, Aug. 3d, 1836, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Oliver Wendell Holmes, M.D. of Boston, for a Dissertation on the following question: "How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

There were two other dissertations on the same subject of so high a character, that the Committee were desirous of bestowing upon them some mark of their approbation. But they could not draw upon the Boylston fund for more than one premium on each question. The necessary means, however, were furnished in another way, and a prize of Fifty Dollars was awarded by an unanimous vote to each of the authors of these dissertations. One of them was written by Robert W. Haxall, M.D. of Richmond, Virginia, and the other by Luther V. Bell, M.D. of Derry, N. H.

The following Prize Questions for the year 1837, are now before the public, viz.:

1st. "What is the nature of Neuralgia, and what is the best mode of treating it?"

2d. "To what extent and in what places has Intermittent Fever been indigenous in New England?"

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D. Boston, on or before the first Wednesday of April, 1837.

The following Questions are now offered for the year 1838, viz.;

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat and proper treatment of Erysipelatous Inflammation? (Erythema Erysipelas of Good.)"

Dissertations on these questions must be transmitted as above, on or before the first Wednesday of April, 1838.

The author of the successful dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz. :

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, Aug. 24, 1836.

\* \* Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

4teop—A 24

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.